
ADULT TACHYCARDIAS

STABLE TACHYCARDIAS

FIELD ASSESSMENT/TREATMENT INDICATORS

Heart rate >150
Minimal or no symptoms of poor perfusion

BLS INTERVENTIONS

1. Recognition of heart rate >150
2. Reduce anxiety, allow patient to assume position of comfort.
3. Administer oxygen as clinically indicated

ALS INTERVENTIONS

Determine cardiac rhythm, establish vascular access, if indicated, and proceed to appropriate intervention

Narrow Complex Tachycardias

1. Valsalva/vagal maneuvers
2. Adenosine 6mg rapid IV push, followed by 20cc NS, may repeat x2 at 12mg followed by 20cc NS, if no conversion
3. Verapamil 5mg slowly IV over 3 minutes
4. If arrhythmia is unresolved, go to unstable interventions

V-Tach or Wide Complex Tachycardias (intermittent or sustained)

1. Procainamide 20mg/min IV, may repeat until arrhythmia suppressed, symptomatic hypotension, QRS widens by >50% or maximum dose of 17mg/kg given. If arrhythmia suppressed, begin maintenance dose of 1-4mg/min
2. Lidocaine 1mg/kg slow IV may repeat @ 0.5mg/kg every 5 to 10 minutes until maximum dose of 3mg/kg given. Then initiate maintenance dose of 1-4mg/min.
3. Magnesium 2gms in 100cc NS over 3 minutes for Torsades de pointe
4. Consider Adenosine administration, if arrhythmia is suspected to be of supraventricular origin
5. If arrhythmia is unresolved, go to unstable interventions

Atrial Fib/Flutter

1. Transport to appropriate facility
2. If condition deteriorates, go to unstable interventions.

UNSTABLE TACHYCARDIAS

FIELD ASSESSMENT/TREATMENT INDICATORS:

Heart rate >150

Signs and symptoms of poor perfusion

BLS INTERVENTIONS

1. Recognition of heart rate >150
2. Reduce anxiety, allow patient to assume position of comfort.
3. Administer oxygen as clinically indicated

ALS INTERVENTIONS

Determine cardiac rhythm and proceed to appropriate intervention

Narrow Complex

1. Synchronized Cardioversion; see Reference #4000
2. Adenosine 6mg rapid IV push, followed by 20cc NS, may repeat x2 at 12mg followed by 20cc NS, if no conversion
3. Procainamide 20mg/min IV, may repeat until arrhythmia suppressed, symptomatic hypotension, QRS widens by >50% or maximum dose of 17mg/kg given. If arrhythmia suppressed, begin maintenance dose of 1-4mg/min
4. Contact Base Hospital

V-Tach or Wide Complex Tachycardias (sustained)

1. Precordial thump for witnessed spontaneous Ventricular Tachycardia
2. Synchronized Cardioversion per reference # 4000
3. If arrhythmia suppressed, or Cardioversion unsuccessful, administer Lidocaine 1mg/kg slow IV, may repeat @ 0.5mg/kg every 5 to 10 minutes or initiate maintenance infusion at 1-4mg/min
4. Contact Base Hospital

Atrial Fib/Flutter

1. Synchronized Cardioversion per Reference #4000
2. For Narrow Complex rhythm only, give Verapamil 5mg slow IV over 3 minutes. May repeat in 15 minutes at 10mg
3. Procainamide 20mg/min IV, may repeat until arrhythmia suppressed, symptomatic hypotension, QRS widens by >50% or maximum dose of 17mg/kg given. If arrhythmia suppressed, begin maintenance dose of 1-4mg/min
4. Contact Base Hospital